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To: Examiner P.K. Wright
Group Art Unit 1797, USPTO

From: Mr. John R. Mattingly
MATTINGLY & MALUR, P.C.

Re: USSN 10/822,663
Attorney Docket No.: KAS-204

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;
Amendment;
Petition for Extension of Time; and
Credit Card Payment Form in amount of \$130.00
in payment of one month extension of time.

Nicholas R. Mattingly Reg. No. 62,484
✓ John R. Mattingly September 18, 2009
Reg. No. 30,293 Date

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Form PTO-1083

Patent

In RE application of K. TAKAHASHI et al

Case Docket No. KAS-204

Serial No.: 10/822,683

Group Art Unit: 1797

For: AUTOMATIC ANALYZER

Examiner: P.K. Wright

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Commissioner for Patents
P.O. Box 1450
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Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total		Minus	**	=	X 25	\$		X 50	\$
Indep.		Minus	***	=	X 100	\$		X 200	\$
					X 180	\$		X 360	\$
<input type="checkbox"/> First presentation of Multiple Dependent Claims					Total	\$	OR	Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$ 130.00 is attached for 1 month EOT fee.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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 Attorney for Applicant(s)

Date: September 18, 2009